DRAFT

Houston Area HIV Services Ryan White Planning Council

Needs Assessment Group (NAG)
Epidemiology Workgroup
11:00 a.m., Monday, March 18, 2019
Meeting Location: 2223 W. Loop South, Room #416

AGENDA

I. Call to Order — Cynthia Deverson, and Isis Torrente, Co-Chairs
   A. Welcome
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Introductions

II. Public Comments and Announcements
   (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give their name or HIV status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.)

III. Review Workgroup Membership Requirements, Voting Rules, and Quorum — Amber Harbolt, Health Planner Office of Support

IV. Overview of the 2019 Needs Assessment Process
   A. Workgroup Structure and Purpose
   B. Goals for Today's Meeting
   C. Survey Concepts for 2019

V. Revise 2016 NA Survey Sampling Principles and Plan for 2019

VI. Next Meeting (if needed) — Cynthia Deverson, and Isis Torrente, Co-Chairs
   A. **Tuesday, March 26th?**
   B. **Wednesday, March 27th?**

VII. Announcements

VIII. Adjourn

Membership Requirements, Voting Rules and Quorum for the 2019 Comprehensive Needs Assessment Process

Approved by the NAG 02-18-19

Partners in the 2019 Comprehensive Needs Assessment Process

- *Houston Area HIV Services Ryan White Planning Council*
- *Houston HIV Prevention Community Planning Group (CPG) and Task Forces*
- *Harris County Public Health Ryan White Grant Administration*
- *Houston Health Department Bureau of HIV/STD and Viral Hepatitis Prevention*
- *The Houston Regional HIV/AIDS Resource Group*
- *Harris Health System*
- *Housing Opportunities for Persons with AIDS (HOPWA)*
- *Coalition for the Homeless*
- *Community Advisory Board (CAB) Members and Consumers*

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Needs Assessment Group (NAG)

Quorum for the Needs Assessment Group (NAG) is defined as:

- *51% of membership in attendance, including participation by phone;*
- *Of these, at least 2 must be PLWH*
- *Of these, there must be at least one Part A Planning Council Member, one Part B representative of a funded agency, volunteer or staff member, and one CPG member/staff or prevention staff member*

Membership of the Needs Assessment Group (NAG) is defined as follows:

- *No voting at a member's first meeting.*
- *Only one person from each agency can vote at the meeting. This is based upon employment and applies even if a member of the group is not representing the agency where they are employed. The Office of Support needs written notification to change a group's representative.*
- *No more than 1 absence.*

Members who plan to be absent must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (832-927-7926) at least one day in advance, except in an emergency.

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All Workgroups

Quorum for the Workgroups is defined as:

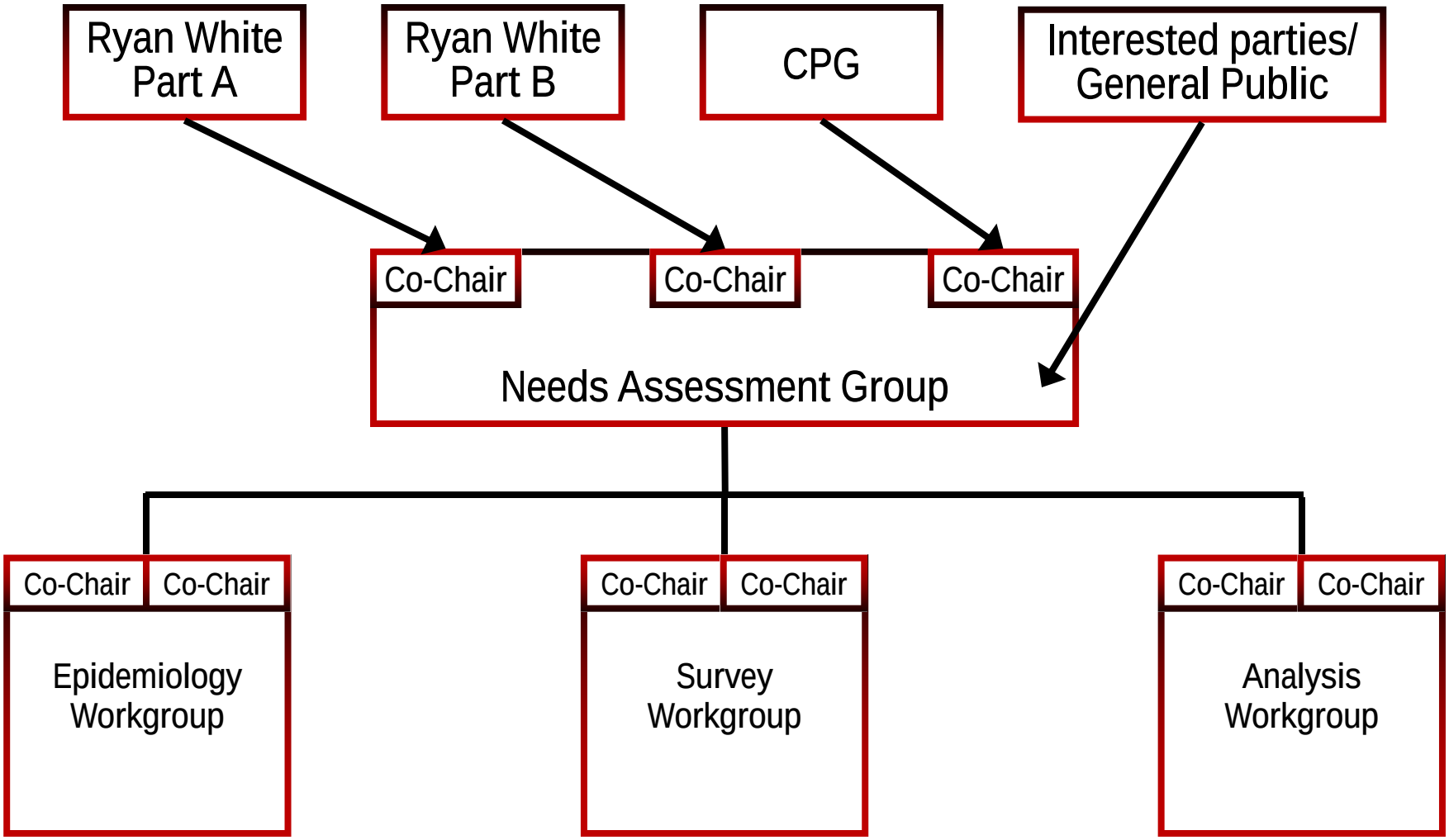
- *Must be one PLWH present.*
- *At least 3 voting members present (including a chair).*

Membership of the Workgroups is defined as follows:

- *No voting at a member's first meeting except for the first meeting of the workgroup.*
- *Only one person from each agency can vote at the meeting.*
- *After 2 consecutive absences, member cannot vote until the next workgroup meeting.*

Members who plan to be absent must email Diane Beck (diane.beck@cjo.hctx.net) or call the Office of Support (832-927-7926) at least one day in advance, except in an emergency.

Needs Assessment Structure



Proposed Needs Assessment Group Activities Timeline
February 2019 – March 2020

Draft
Updated 03-06-19

Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Needs Assessment Group (**NAG**) meets to design Needs Assessment (**NA**) process ✓	Survey Workgroup creates survey tool – 3/18/19, 11a – 1p	NAG approves survey tool and sampling plan – 4/15/19, 1p – 3p	Analysis Workgroup adopts principles for data analysis (May meet in April)	NA data collection and entry continues	NA data collection and entry continues NAG update – 7/15/19, 1p – 3p	NA data collection and entry continues
	Epi Workgroup convenes to create sampling plan – 3/18/19, 2p – 4p	NA data collection and entry begins	NA data collection and entry continues	**Focus Group:** Case Mgmt Staff – 6/19/19	**Focus Group:** Outreach Staff – 7/10/19	**Focus Group:** Prevention / Linkage Staff

Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
NA data collection and entry ends, cleaning and analysis begins	Analysis WG convenes to review preliminary findings	Analysis concludes, staff write report	**Committee approves NA report**	No activities	**Steering and Council approve NA report**	Report findings prepared for HTBMN and priority setting processes
Focus Group: HSDA/Rural consumers	**Focus Group:** EMA/Urban consumers	NAG reviews/approves NA report – 11/18/19, 1p – 3p				

NAG Approved 02-18-19

Houston Area HIV Services Ryan White Planning Council (RWPC)

2019 Needs Assessment

Key Concepts for Primary Data Collection

Streamlined – prune any questions that are redundant or for which data have not been used; focus on service utilization, needs, accessibility and barriers; qualitative & quantitative data collection on barriers; continued effort to survey Out of Care population, including electronic surveying and expanding sites beyond primary care locations; focus groups with case managers, prevention/linkage/outreach staff, rural consumers, and urban consumers

Concept 1: Demographics

- 1.1 – Expand nationality/nation of origin question from Hispanic/Latino participants (2014) to all race/ethnicity categories

Concept 2: HIV Care Service Needs

- 2.1 – Needs of long-term survivors and aging PLWH
- 2.2 – Assess need for all fundable service categories, with clarification on which services are currently funded to avoid confusion.

Concept 3: HIV Care Service Accessibility

Concept 4: HIV Care Service Barriers

- 4.1 – Assess communication with care providers (types of communication, and barriers including language barriers)

Concept 5: Social Determinants of Health – Include questions to assess knowledge gaps identified through the 2018 Social Determinants of Health Special Study:

- 5.1 – **Economic Stability** (unreported employment; persistent food insecurity)
- 5.2 – **Education** (types of higher education and completion/reasons for not completing; consider changes in methodology/questions to accommodate non-English/Spanish languages; linguistic isolation)
- 5.3 – **Social and Community Context** (fuller picture of other types civic participation like volunteering and engaging in collective activities; in-depth linkage, retention, and service navigation following release from incarceration (possibly save for a Special Study); aspects of social cohesion such as resource sharing and navigation, shared social identity)
- 5.4 – **Health and Health Care** (reasons for lapses in health care coverage; health literacy)
- 5.5 – **Neighborhood and Built Environment** (access to foods that support healthy eating patterns; community crime and violence/safety; environmental conditions; quality of housing, including overcrowding)

Houston Area HIV Services Ryan White Planning Council

2016 Houston Area HIV/AIDS Needs Assessment
Epidemiology Workgroup

(Approved by NAG on 12/16/15)

2016 Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2014=24,979) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

   $n = N*X / X + (N - 1)$
   $X = Z^2 * p*(1-p) / MOE^2$
   Z=1.96
   MOE = 0.04 or 0.03
   p = 0.05
   N=24,979

   Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	Low	**High**
Confidence Interval	95%	95%
Confidence Level (=/-)	4%	3%
Sample Size (n)	**587**	**1,024**

2. Obtain approximately 92% of surveys from Harris County and 8% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	Low (n)	**High (n)**
Total EMA	**587**	**1,024**
Harris County (92%)	540	942
Non-Harris County (8%)	47	82

3. Apply the current unmet need estimate (2014=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	Low (n)	**High (n)**
Total EMA	**587**	**1,024**
In-Care (N) (75%)	440	768
Out-of-Care (25%)	147	256

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	% of Prevalence	Low (n)	High (n)
Total EMA	**100%**	**587**	**1,024**
Male	75%	440	768
Female	25%	147	256
White	21%	123	215
Black	49%	288	502
Hispanic	27%	158	276
18 – 24	5%	29	51
25 – 49	59%	346	604
50+	35%	205	358
MSM	55%	323	563
IDU	11%	65	113
Heterosexual	30%	176	307

5. Undertake targeted efforts to sample Special Populations (i.e., adolescents, homeless, IDU, transgender, and the recently released).

6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
   - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2014.
   - Because clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
   - Agencies that served clients in 2014 but that are not currently funded by Ryan White will be removed from the sampling proportions, but may be included as survey administration sites.

Sources:

[1, 2, 4]Texas eHARS. Living HIV cases as of 12/31/14. Released August 2015.

[3]Texas Department of State Health Services, 2009-2014, Unmet Need by EMA/TGA. Released August 2015

[5]Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2012 – 2014). Released May 21, 2012.

[6]To be developed using CPCDMS utilization data for CY 2014.